

ARIZONA STATE BOARD OF HEALTH

DEPARTMENT OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 2-10

Place of Birth Tonto Basin County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>April</u> <u>25</u> <u>1930</u> (Month) (Day) (Year)			
FULL* NAME	FATHER		
<u>Andy William Collins</u>			
FULL* MAIDEN NAME	MOTHER		
<u>Myrtle Rose Ratley</u>			

I HEREBY CERTIFY that the child described herein has been named

Alvin Ray (Jack) Collins
(Give name in full) (Surname)

[Signature]
(Parent's Signature)

Claire Collins
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-43-S.P.Co.

Mother deceased. Custody of child given by court to Nola R. Cline

